

Family Information Form

Note: This form is used to update your personal information with your local MFRC. Ideally this form is to be completed yearly and then again prior to any work related separation. Once completed this form is to be submitted to your MFRC.

1. Particulars of CF Member			
Service Number	Rank	Surname	Given Name & Init.
Home Unit		Home Unit Location	Trade
Training Information (This section is to be completed for those anticipating a work related separation due to course or training)		Training Dates	Training Location
Deployment Information (This section is to be completed for those anticipating a work related separation due to a deployment)		Deployment Dates	Deployment Location
Mounting Base		Please check one	
Deploying Unit		<input type="checkbox"/> Regular Force <input type="checkbox"/> Reserve Force <input type="checkbox"/> Civilian	
Are you currently on Imposed Restriction?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Children's names and birthdates			
If contacts lives outside of the local area, would you like this form shared with their nearest MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Contact (1)			
Relationship		Language	
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
Name			
Complete Mailing Address (of contact)			
Home Phone Number		Cell Number	
()		()	
Work Number		Email Address (of contact) Would you like contact added to Family Network email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
()			
Would you like to register this contact for our monthly "Staying in Touch Service" (only when member is deployed)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Phone			
The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.			
Would this contact be interested in being a media spokesperson for the MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would this contact be interested in receiving the MFRC / PSP Activity Guide? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Contact (2)	
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other	Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
Name	
Complete Mailing Address (of contact)	
Home Phone Number ()	Cell Number ()
Work Number ()	Email Address (of contact) Would you like contact added to Family Network email? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Would you like to register this contact for our monthly "Staying in Touch Service" (only when member is deployed)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Phone</p> <p>The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.</p>	
Would this contact be interested in being a media spokesperson for the MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would this contact be interested in receiving the MFRC / PSP Activity Guide? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Considerations that your loved ones may have while away (e.g. Pregnancy, Disability or any other special needs)	

Privacy Disclaimer	
<p>The information on this form will be kept confidential and used only for the purpose for which it is collected within the Military Family Resource Centre (MFRC). The MFRC adheres to the <i>Privacy Act</i>. I understand this information will be shared with my Unit's Family Network.</p>	
Signature: _____	Print full name: _____
Date (DD/MMM/YY): _____	

For Office Use Only					
Date Received:		Family Network Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered into Database:	
				Entered By:	
Forwarded to another MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No Location : _____					